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December 4, 2015

XAVIER PONCE DE LEON 17802 NW 87TH COURT HIALEAH, FL 33018

SUBJECT: BTCXMIA, LLC Ref. Number: L15000106412

We have received your document for BTCXMIA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 415A00025468

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	BTCXMIA	, LLC		
SODGE	·	Name of Lim	ited Liability Company	and the configuration of the second of the s
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Xavier Ponce de Leon		
			Name of Person	
		MIA, LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Xavier Ponce de Leon Name of Person BTCXMIA, LLC Firm/Company 17802 NW 87th CT Address Hialeah, FL, 33018 City/State and Zip Code XavierPDL@gmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: on at (786		
			Firm/Company	
		17802 NW 87th CT	•	
		de la companya de la	Address	
		Hialeah, FL, 33018		
		XavierPDL@gmail.com	City/State and Zip Code	
		•	to be used for future annual report notific	cation)
For furtl	ner information co	oncerning this matter, please ca	all:	
Xavier l	Ponce de Leon		-4.f	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
s \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			ZONS DE	*
BTCXMIA, LLC			田田	11
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	low appears on our reco	rds. S. N	Lane.
	(Joseph Joseph	m Y	, m
The Articles of Organization for this Limited I	ited Liability Company as it is (A Florida Limited Liability Liability Company were fi	led on June 22, 2015	_ ઋૂં ≯ a	nd assigned
Florida document number L15000106412			SET G	
			DE I	
This amendment is submitted to amend the fol	lowing:	•		
A. If amending name, enter the new name of	of the limited liability co	mpany here:		,
, , , , , , , , , , , , , , , , , , , ,				
The new name must be distinguishable and contain the	words "Limited Liability Com	nany " the designation "I I	C" or the abbravia	ion "I C"
The new name must be distinguishable and contain the	words Eminied Liability Comp	iany, the designation Li	LC of the abbrevia	ion E.E.C.
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			······································
	*** **********************************			
Entou nou moiling address if an Italia.				
Enter new mailing address, if applicable:		***************************************		
<u>(Mailing address MAY BE A POST OFFICE</u>	<u> BOX)</u>			
		 		
B. If amending the registered agent and		ldress on our recor	ds, enter the r	iame of the ne
registered agent and/or the new registered o	ffice address here:			
Name of New Registered Agent:	Xavier Ponce de Leon	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	17802 NW 87th CT			
ricw registered office Address.	****	Enter Florida street addr	ress	
	Hialeah	1	m	
	Cit		F lorida 33018	Code

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amendin	If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:		
MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00